

ST-C 214-2 (Rev. 7/06)
Georgia Department of Revenue
Sales Tax Contracting Unit
1800 Century Blvd. NE, Suite L-200
Atlanta, GA 30345
(404) 417-4490
Fax: (404) 417-4313



E-mail: TSD-sales-tax-contractors@dor.ga.gov
Website: www.dor.ga.gov

APPLICATION FOR SUBCONTRACTOR'S SALES AND USE BOND

1. BUSINESS TRADE NAME		
2. NAME OF OWNER(S) OR CORPORATE OFFICERS	TITLE	SOCIAL SECURITY NUMBER
_____	_____	_____
_____	_____	_____
3. MAILING ADDRESS		
4. BUSINESS ADDRESS		
5. KIND OF BUSINESS ENGAGED IN		
6. BEGINNING DATE OF CONTRACT WORK FOR WHICH THE ATTACHED BOND IS EXECUTED	7. FEDERAL EMPLOYER'S IDENTIFICATION NUMBER	
_____	_____	
8. EMAIL ADDRESS (IF APPLICABLE)	9. AREA CODE AND TELEPHONE NUMBER	
_____	_____	

10. THE ANNUAL GROSS RECEIPTS FROM THE BUSINESS OF SUBCONTRACTING IN GEORGIA FOR THE PRECEDING CALENDAR OR FISCAL YEAR DID NOT EXCEED _____ DOLLARS.
(12 MONTHS PERIOD COVERED _____.)

Bond not accepted for annual gross receipts less than \$250,000.

11. **FOR A NEW SUBCONTRACTING BUSINESS:** THE ANTICIPATED AMOUNT OF BUSINESS FOR THIS CALENDAR YEAR 20 ____, IS NOT EXPECTED TO EXCEED _____ DOLLARS.

Applicant agrees to pay all taxes and to otherwise comply with all of the provisions of the Georgia Retailers' and Consumers' Sales and Use Tax Act, as amended and file all returns and reports required by the State Revenue Commissioner.

Applicant further agrees to comply with all the rules and regulations of the State of Georgia now in existence or hereinafter promulgated in the future with reference to the Georgia Retailers' and Consumers' Sales and Use Tax Act, as amended.

Applicant hereby designates _____
(Name)

of _____
(Address)

as the person upon whom service of any notice or process may be served against the applicant.

IN WITNESS WHEREOF, Applicant has set his hand and affixed his seal this _____ day of _____, 20 _____.
Sworn to and subscribed before me on

This _____ day of _____, 20 ____

(L.S.)

(Notary Public)